Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			1	18				RATE		OR 7		ENTITY	
FOR			NUMBER FILED			AULIADED EVIDA			FEE	- I	RATE	FEE	
			NUMBER FILED		NUMBER EXTRA			ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ b minus 20= *		*	0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 = "			.0		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								. 145		7			
*	f the difference	e in column 1 is	ero, enter	"0" in (column 2		+145=		OR	+290=			
CLAIMS AS AMENDED - PART II								OTAL		OR	TOTAL	770	
(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	-	<43=		OR	X86=		
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			145=					
										OR	+290=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	-	
		(Column 1) CLAIMS	<u> </u>	(Columi		(Column 3)		· ·					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= ,	X	43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	LAIM								
								45= TOTAL		OR	+290=		
										OR A	TOTAL IDDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
MEN	•	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	R/		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	XS	9=		OR	X\$18=		
	Independent		Minus	***	1	=	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	×00=		
• If	the entry in colum	+14	45=		OR	+290=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFT TOTAL ADDIT. FEE													
T	he "Highest Num!	ber Previously Paid	For" (Total or	Independent)	is the h	nighest number	found in	the appro	priate box	in colui	mn 1.		